



## Montana Department of Corrections SUV/LARGE UTILITY VEHICLE JUSTIFICATION FORM

(Supervisors and Administrators must complete and submit to the Fleet Management Unit (FMU) when requesting to keep, replace, lease, or purchase an SUV or large utility vehicle.)

*Place your cursor on "Driver Name" and type – use F11 to move from field to field*

Driver Name: \_\_\_\_\_

Division: \_\_\_\_\_ Bureau: \_\_\_\_\_

Division Location: \_\_\_\_\_

Vehicle License Plate #: \_\_\_\_\_ Miles driven  
previous FY: \_\_\_\_\_

REQUEST IS BEING MADE TO:

**Keep** ☐ **Replace** ☐ **New Lease** ☐ **Purchase** ☐ an SUV or large utility vehicle.

Please check all criteria that applies:

- A. ☐ Vehicle is or will be used daily (such as security checks, home visits, USPS parcel pickup/ deliveries);
- B. ☐ The facility or office does not have access to a state motor pool site or agency vehicles;
- C. ☐ Liability or safety concerns exist that would render using a personal vehicle inappropriate;
- D. ☐ Storage of specialized equipment in the vehicle is required;
- E. ☐ Vehicle is necessary for emergency response;
- F. ☐ Vehicle is or will be used primarily for travel on non-maintained roads;
- G. ☐ Vehicle is or will be used primarily for travel on facility property;
- H. ☐ Vehicle is or will be used primarily for maintenance, construction, or grounds keeping;
- I. ☐ Vehicle is or will be used primarily for moving and distributing large items or large quantity of items;
- J. ☐ Vehicle is or will be used to transport offenders;

This space reserved for further written explanation to justify the need for an SUV or large utility vehicle :

1. Condition of vehicle to be kept or replaced:

Good ☐ Fair ☐ Poor ☐

2. Current odometer reading of vehicle to be kept or replaced: \_\_\_\_\_

**Assigned Driver/Supervisor Signature:** \_\_\_\_\_

---

FOR FMU USE ONLY

FLEET MANAGEMENT UNIT INFORMATION AND DATA

1. Does vehicle meet the Governor's 20 X 10 requirements?

Current vehicle:

Proposed (i.e. to be a replacement, new lease, or purchase) vehicle:

Yes ☐ No ☐

Yes ☐ No ☐

2. CAFE rating: Current vehicle \_\_\_\_\_ Proposed vehicle \_\_\_\_\_

3. Current daily lease rate if applicable: Current vehicle \_\_\_\_\_ Proposed vehicle \_\_\_\_\_

4. Average annual mileage of current vehicle for previous fiscal year: \_\_\_\_\_

5. Actual or approximate annual operating costs:

Current vehicle \_\_\_\_\_ Proposed vehicle \_\_\_\_\_

6. Impact to fleet: Positive ☐ Negative ☐ Neutral ☐

Explanation: \_\_\_\_\_

\_\_\_\_\_

7. Other considerations or alternatives: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Administrator Signature: \_\_\_\_\_

☐ APPROVED by Administrator

☐ DISAPPROVED by Administrator

My signature on this form acknowledges that I have reviewed all applicable information justifying the request to keep, replace, newly lease, or purchase an SUV or large utility vehicle and agree that my approval or disapproval is in the best interest of the Department.

Director Signature: \_\_\_\_\_

☐ APPROVED by Director

☐ DISAPPROVED by Director